

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38804

State File No.

9683

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2 Hortense Place
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life time
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Bond Lambert

3. (b) If veteran, name war World War I

3. (c) Social Security No. 43-036-9513

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Myrtle McGrew Lambert 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December 6, 1875
 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 6
 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Pharmaceutical Manufacturer

11. Industry or business _____

12. Name Jordan Wheat Lambert

13. Birthplace Alexandria, Virginia
 (City, town, or county) (State or foreign country)

14. Maiden name Lily Winn

15. Birthplace Ashland, Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Albert Bond Lambert, Jr.

(b) Address 2 Hortense Place

17. (a) burial (b) Date thereof 11/14/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) NOV 13 1946 (b) J. F. Bredeek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 Hortense Place
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
 year 1946 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from May 20
1942 to Nov 12 1946
 that I last saw him alive on Nov 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration 4 1/2 years

Due to _____

Due to _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ramuel P. Grant (or other) M.D.

Address 114 N. Taylor Date signed 11/13/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

APR 22 1947

DEC 30 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Neill B. Thoburn

Licensed Embalmer No. 3696

P. O. Address 4161 Seindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.